

City of North Charleston Rezoning Application

Planning and Zoning Department
2500 City Hall Lane
P.O. Box 190016
North Charleston, SC 29419-9016
Phone (843) 740-2571

Property Information

Present Zoning District _____ Proposed Zoning District _____

Property Address _____

Current Land Use: _____

Tax Map #: _____ Acres: _____ Owner: _____

Applicant/Owner/Representative

Applicant _____

Address _____

_____ Email _____

Phone # (Day) _____ Phone # (Night) _____

Owner(s) (If different from applicant) _____

Address _____

_____ Email _____

Phone # (Day) _____ Phone # (Night) _____

Representative (If different from applicant) _____

Address _____

_____ Email _____

Phone # (Day) _____ Phone # (Night) _____

I (we) certify that _____ is my (our) authorized representative for my (our) zoning change request.

Signature of Owner(s)* **Date**

(Print Name)

Signature of Applicant and/or **Date**
Representative if different from the owner

***Application must be physically signed by owner(s):** a digital signature will not suffice.

****\$75.00 Non-refundable Application Fee**

****Rezoning Signs are posted by City Staff**

The owner or representative should attend the **Planning Commission Meeting** and **Public Hearing** since additional information may be requested by the Planning Commission or City Council.

For Office Use Only

Docket # _____

Date application received: _____

\$75.00 Non-refundable Application Fee Paid On: _____

Staff Recommendation:

Planning Commission:

City Council (1st Reading & Public Hearing):

Public Safety:

City Council (Final Reading):